

Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.

Tel: 022 69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com

CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No	Title	Description	Refer to Policy clause number
1	Product Name	Group Health Super Top Up	
2	Policy Number	Xxxxxxxxxx	
3	Type of Insurance Product/Policy	Indemnity	
4	Sum Insured	Individual Sum Insured/Floater Sum insured	
5	Policy Coverage	List of Benefits	
	Base Cover	In-patient hospitalization accident and illness cover: Medical Expenses of Hospitalization for Illness or injury for a minimum period of 24 consecutive hours only shall be admissible upto the Sum Insured specified in the Policy Schedule/Certificate of Insurance.	4.1.1
		Day care treatment: Medical Expenses for Illness or injury which are treated on the same day, which would have otherwise required hospitalization of more than 24 hrs.	4.1.2
		Domiciliary Hospitalization: Medical Expenses incurred by Insured for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization subject to conditions specified in Policy wording.	4.1.3

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	Base Cover	Pre-Hospitalization: For mentioned days in the policy schedule/certificate of insurance prior to the date of hospitalization/home care treatment	4.1.4
		Post-Hospitalization: For mentioned days in the policy schedule/certificate of insurance from the date of discharge from the hospital/completion of home care treatment	4.1.5
		Home Care Treatment Expenses: The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for illness or injury maximum up to 14 days per incident , which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions.	4.1.6
		Advance Treatment: Listed advance treatment are covered upto the limit mentioned in the policy schedule/certificate of insurance.	4.1.7
	Add On Cover	Ayush Benefit: Medical Expenses incurred for Inpatient Care treatment for illness or injury under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered during the Policy period as per the limit specified in the policy schedule/certificate of insurance.	5.1

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	Add On Cover	Organ Donor Cover: Medical Expenses incurred towards in- patient Hospitalization of an organ donor for Insured Person's organ transplant Surgery during the Policy period as specified in the Policy schedule/certificate of insurance.	5.2
		Maternity: Maternity Expenses of first two living children incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination during the Policy period upto the limit specified in the policy schedule/Certificate of Insurance	5.3
		Baby Day One Cover: We shall cover newborn baby from birth upto the sum insured.	5.4
		Pre and post natal expenses: We will pay for pre and post-natal medical expenses as an outpatient/inpatient treatment, including but not limited to expenses for antenatal check-ups, doctor's consultations, arising therefrom up to maternity sum insured specified in the Policy schedule/ Certificate of Insurance.	5.5
		Reinstatement of sum insured: The insured can reinstate basic sum insured upto 100%, incase the original sum insured is all used up in treatment. This reinstated sum insured cannot be used for same illness/injury that the Insured person was treated for during the Policy Period.	5.6

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	Add On Cover	Emergency Ambulance: We will pay for the expenses incurred towards transportation of Insured to the nearby Hospital or health care center incase of an medical emergency on the medical practitioners recommendation upto the sum insured specified in the Policy schedule/ Certificate of Insurance.	5.7
		Air Ambulance: We will pay for the expenses incurred towards Insured's transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury which occurs during the Policy Period upto the limit specified in the Policy schedule/ Certificate of Insurance	5.8
		Lasik Cover: We will pay in case of compound myopic astigmatism, to the level of refractive errors specified.	5.9
		Infertility treatment: We will pay for Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment. This extension would also cover embryo transport, donor ovum and semen and related costs, including collection and preparation, required towards treatment related to infertility and sterilization, up to the amount mentioned in the Policy Schedule. The Insured Person should be between 18 and 50 years old.	5.10
		Advance Treatment: Listed advance treatment are covered upto the limit mentioned in the policy schedule/certificate of insurance.	5.11

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6	Exclusions	(which can be waived off on payment of additional premium)	Clause 6
	. Pre-Existing Diseases	Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36/24/12 months of continuous coverage after the date of inception of the first policy with insurer	
		In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase	
		If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.	
		Coverage under the policy after the expiry of 36/24/12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.	
	Specific Illness Waiting Period	Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.	
		In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.	
		If the specified disease/procedure falls under the waiting period specified for pre Existing diseases, then the longer of the two waiting periods shall apply.	
		The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion	

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		If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.	
	Specific Illness Waiting Period	<p>List of applicable disease for 12 months waiting period are:</p> <ol style="list-style-type: none"> 1. Benign ENT disorders 2. Tonsillectomy 3. Adenoidectomy 4. Mastoidectomy 5. Tympanoplasty 6. Hysterectomy 7. All internal or external benign tumors, cyst, sinus, polyps of any kind including benign breast lump 8. Benign prostate hypertrophy 9. Cataract and Senile Cataract 10. Gastric and Duodenal Ulcer 11. Gout and Rheumatism 12. Hernia of all types 13. Hydrocele 14. Non-Infective Arthritis 15. Piles, Fissures and Fistula in anus 16. Pilonidalsinus, Sinusitis and related disorders 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. 19. Varicose Veins and Varicose Ulcers 	Clause 6
	30-day waiting period	Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.	
		This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.	

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	30-day waiting period	The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.	Clause 6
	Obesity/ Weight Control	Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co morbidities following failure of less invasive methods of weight loss: I. Obesity-related cardiomyopathy II. Coronary heart disease III. Severe Sleep Apnea IV. Uncontrolled Type2 Diabetes	
	Hazardous or Adventure sports	Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.	
	Refractive Error	Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.	

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	Sterility and Infertility	Expenses related to Birth Control, sterility and infertility. This includes: (i) Any type of contraception, sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI (iii) Gestational Surrogacy (iv) Reversal of sterilization	Clause 6
	Maternity Expenses	I. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; II. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period	
		Any expenses incurred on Outpatient treatment (OPD treatment).	
		Any expenses related to cochlear implants, Gamma knife/cyber knife, sleep apnea, injection of Remicade/Avastin	
		Any medical expenses incurred on new-born /children below age of 91 days will not be covered under the Policy.	
		External Congenital Anomaly: Any expenses incurred towards screening, counselling and treatment related to external congenital anomalies.	
	Exclusions (which cannot be waived)		
		Investigation & Evaluation (Code- Excl04) a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded	

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		<p>Exclusion Name: Rest Cure, rehabilitation and respite care (Code- Excl05)</p> <p>a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>I. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>II. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p>	Clause 6
		<p>Change-of-Gender treatments: (Code- Excl07)</p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p>	
		<p>Cosmetic or plastic Surgery: (Code- Excl08)</p> <p>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p>	
		<p>Breach of law: (Code-Excl10):</p> <p>Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>	
		<p>Excluded Providers: (Code - Excl11)</p> <p>Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p>	

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		<p>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)</p> <p>Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)</p> <p>Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)</p> <p>Unproven Treatments:(Code- Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness</p> <p>War(whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds</p> <p>Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion</p>	<p>Clause 6</p>
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		<p>Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death</p> <p>Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.</p> <p>Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death</p> <p>Any treatment and/or diagnostic reports taken or any other medical expenses incurred outside the geographical limits of India.</p>	Clause 6
7	Waiting Period	<ul style="list-style-type: none"> • Pre-Existing Diseases: (Code- Excl01) • Specific Illness Waiting Period: (Code- Excl02) • 30-day waiting period: (Code- Excl03) 	Clause 6.1
8	Financial Limits	As mentioned in policy wording and certificate of insurance	

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9	Claims /Claims Procedure	<p>For Claims visit : https://www.rahejaqbe.com/claims/health-claims Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility: 1 Hours TAT for cashless final bill authorization: 3 Hours</p> <p>Network Hospital details: https://www.rahejaqbe.com/hospital-locator Helpline number: 18001027723</p> <p>Blacklisted Hospitals list (No claims will be accepted): https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf</p> <p>Download claim form (Downloads section) https://www.rahejaqbe.com/health-insurance/group-health-super-top-up</p>	Section 7
10	Policy Servicing	customercare@rahejaqbe.com Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)	

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11	Grievances /Complaints	<p>The Grievance Cell, Raheja QBE General Insurance Company Limited Fulcrum, 501 & 502, A wing, 5th Floor, International Airport project road, Sahar, Andheri East, Mumbai - 400059, India. Toll free: 1800-102-7723 (Toll Free - 9 Am to 8 PM, Monday to Saturday)</p> <p>E-mail: customercare@rahejaqbe.com Escalation level 1- complaintsofficer@rahejaqbe.com Escalation level 2- grievancehead@rahejaqbe.com</p> <p>For Senior Citizen: Telephone : 022-69155050 Email: seniorcitizencare@rahejaqbe.com</p> <p>IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p> <p>Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided in Policy document or on below website: https://www.cioins.co.in/</p>	Clause 10
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12	Things to remember	Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.	
		Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	
		Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. For Detailed Guidelines on portability and migration, kindly refer the link http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf	
		Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	
		Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement or sum insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	

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13	Your Obligations	Please disclose all pre-existing disease/s or condition/s, personal habits, major illness or hospitalization history before buying a policy. Non-disclosure may affect the claim settlement.	
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Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place

Date

(Signature of the Policy Holder)

Note	1. You may find product related documents on https://www.rahejaqbe.com/health-insurance/group-health-super-top-up
	2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.